Personal privacy information

I024497 -006

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area.

Row 1 Administrative Data	Reporter name: [redacted]		Submission date: ***09/28/2012***	Contact person (if different than reporter)	Internal ID ***1-31193222***
	Address: ***Indiana***			Address:	
	Phone #: [redacted]			Phone #:	
	Incident Status: ***New***	Location and date of incident ***Indiana*** ***08/11/2012***		Date registrant became aware of incident: ***8/12/2012***	Was incident part of larger study?
Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) ***100-1334-85579***		EPA Registration # (Product 2)		EPA Registration # (Product 3)
	A.I. (s) ***Lambda-cyhalothrin, Thiamethoxam***		A.I. (s)		A.I. (s)
	Product 1 Name ***Maxide Dual Action Insect Killer Concentrate 38.4 oz***		Product 2 Name		Product 3 Name
	Exposed to concentrate prior to dilution? ***Yes***		Exposed to concentrate prior to dilution?		Exposed to concentrate prior to dilution?
	Formulation - ***Liquid***		Formulation		Formulation
Row 3 Incident Circumstances	Evidence label directions were not followed? ***Yes*** Intentional misuse? ***No***	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)) ***Other Residence***		Situation: (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating) ***See Description Notes***	
	Applicator certified PCO? ***Not applicable***				
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) ***See Incident Description***				

8/12/2012 9:51:45 AM

Maxide Dual Action Insect Killer Concentrate
UPC: 13499-01050
EPA Reg: 100-1334-85579

Hx: Caller's sister used the product in her home yesterday (8/11/12). She did not dilute the product. Caller states her sister inhaled the product; the smell was terrible. She also got some on her arms and hands. Thirty minutes post application she felt dizzy and was vomiting. Her sister has returned home, and called her today. As of today she's unable to stand because she is so dizzy. She has not consulted an HCP yet. Caller urged her to, but her sister wanted her to call the poison line first. Her sister also has a history of congestive heart failure and scorching her lungs from using cleaning products.

A:
-Per MSDS:
- Harmful if inhaled. May be harmful if swallowed. Causes mild eye and skin irritation.
- May cause drowiness or dizziness. May be harmful if swallowed and enters airrway.
- May cause temporary itching, tingling, burning or numbness of exposed skin, called paresthesia.
-Recommend immediate evaluation by HCP due to the severity of symptoms and previous medical history.

8/13/2012 8:47:30 AM reviewed

8/13/2012 11:59:30 AM PROSAR CB#1 - spoke with caller. Her sister went to the ER yesterday and was given IV fluids and antinausea meds. The MDs said her sxs were because of the poison . The patient still does not feel well today and planned to follow-up with her regular MD. The exposure was in a house that [redacted] and her sister were fixing up. Caller went to the location yesterday and indicates the house did not smell that bad at that time.

Reset CB.

8/16/2012 1:10:22 PM PROSAR CB

[redacted]eached. She reports her sister was admitted to the hospital and is still there because the "poison is in her blood stream" . When asked about SXS she stated she was dizzy and has Lupus. The caller was asked what the doctors had done for her. She reported they gave her medicine to absorb it .

The caller was asked if she spoke to her sister s doctor (was this the opinion of the doctor). She reported she only spoke to her sister by phone.

The caller was asked if we may further follow up. She recommended early next week.

CB reset 08/21/12

8/16/2012 1:24:41 PM case notes sent to client

8/21/2012 11:40:55 AM PROSAR CB - Caller states the patient is doing better; she was released to go back to work today. She spent about 4 days total in the hospital. Was dx with both an intestinal virus and pancreatitis. She is on medications and a special diet. Per [redacted] the patient was diagnosed with Lupus a couple mos ago.

A: Continue to work with MDs; there is nothing in the product that would cause/trigger either an intestinal virus or pancreatitis

Voluntary Industry Reporting Form for 6(a)(2) Incident Information Involving Humans

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area.

Demographic information Age: ***53 Years*** Sex: ***Female*** Occupation: (if relevant)	Exposure route: ***Inhalation Dermal***	Was adverse effect result of suicide/homicide or attempted suicide/homicide? ***No***	Was protective clothing worn (specify)? ***Not applicable***
If female, pregnant? ***Did not query***	Was exposure occupational? ***No*** If yes, days lost due to illness:	Time between exposure and onset of symptoms: ***See Symptoms***	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). ***HCF***	List signs/symptoms/adverse effects. ***Other Gastrointestinal - Intestinal virus, Unable to determine;*** ***Pancreatitis, Unable to determine;*** ***Vomiting, 30 min or less;*** ***Dizziness, 30 min or less;*** ***Other Neurological - unable to stand, 24 hrs or less;***		If lab tests were performed, list test names and results (If available, submit reports). ***Not Reported***
Exposure data: Amount of pesticide: Exposure duration: Weight:			
Human severity category: ***HB***			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
1-31[illegible]